

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **30990**
 Registrar's No. **78**

FILED OCT 6 1952

BIRTH NO. _____ REG. DIST. NO. **55** PRIMARY REG. DIST. NO. **3011**

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carrollton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carrollton	
d. FULL NAME OF HOSPITAL OR INSTITUTION His home (411 North Main St.		d. STREET ADDRESS (If rural, give location) 411 North Main Street.	

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) Walter	c. (Last) Hollister	4. DATE OF DEATH (Month) (Day) (Year) 9-12-1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 16 1879	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 7 Days 28	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY General Mdse.	11. BIRTHPLACE (State or foreign country) Near Dewitt Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Spencer Hollister	13b. MOTHER'S MAIDEN NAME Frances McKinney	14. NAME OF HUSBAND OR WIFE Anna Hollister (Carrollton)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 487-12-7745	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Hollister (Carrollton Mo.)
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Exsanguination		INTERVAL BETWEEN ONSET AND DEATH 6 mo
	ANTECEDENT CAUSES DUE TO (b) Cause unknown		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Carrollton Mo. Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 9-11**, 19**52**, to **9-12**, 19**52**, that I last saw the deceased alive on **9-11**, 19**52**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE W. Belmont (Degree or title)	23b. ADDRESS Carrollton Mo.	23c. DATE SIGNED 9/12/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-13-52	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Carrollton Mo.
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DATE REC'D BY LOCAL REG. 9/25/52	REGISTRAR'S SIGNATURE Mr. Herbert Catron	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Marshall Funeral Home Carrollton Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0171
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0171

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1999

MAR 26 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed P. M. Marshall

Licensed Embalmer No. 25257

P. O. Address Carrollton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.